

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jamesville</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>6</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>19</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Jamesville Md</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>James A. Auld</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Mary Kell</i>				Mother's Birthplace <i>Harford Co</i>			
Name of person giving information <i>James A. Auld</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>15</i>
Immediate <i>Marasmus</i>	How long <i>Eight days</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. L. Smith M.D.</i>
	Address <i>Jamesville Md</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

John Burk
 Died at *Daphna* *Harford* County MARYLAND
 Date 19 *03* Month *9* Day *11* Y. *4* M. *4* D. *4* Native of *Ind* Occupation
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name *John Burk*

Mother's Maiden Name *Raddie Gordon*

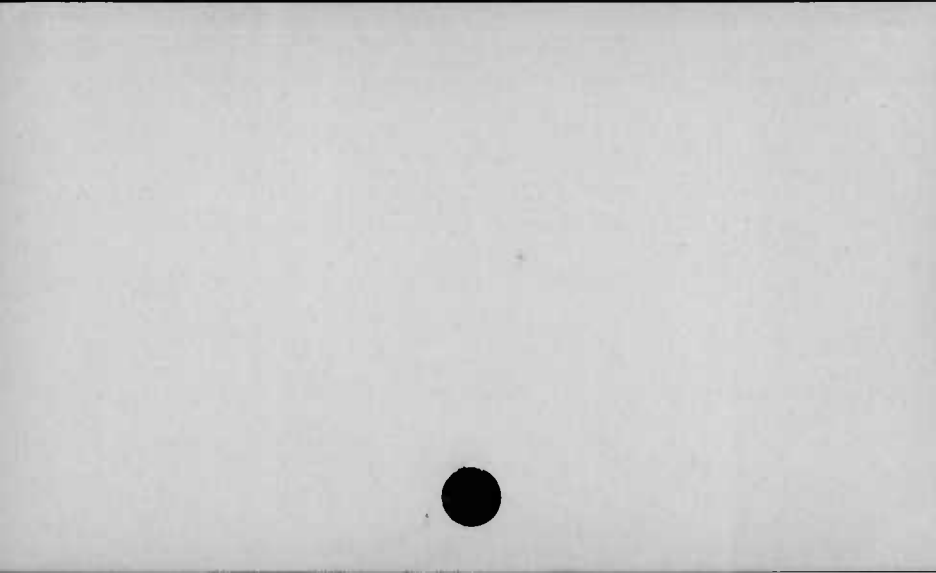
Cause of Death { Primary
 immediate *Weakness*

How long sick

Accident, Suicide, Homicide

Reported by *Frederick Schuty* Undertaker
 Address *Upper Falls* *Balto Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Anna Mary Carr

Died at ^{Town} Aberdeen ^{County} Harford

MARYLAND

Date 1903 Sep - 14 Y. M. D. Age 79 Native of Md - Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of Richard H. Carr

Wife

Father's Name Harry Osborn

Mother's Maiden Name White

Cause of Primary

How long sick 2 weeks

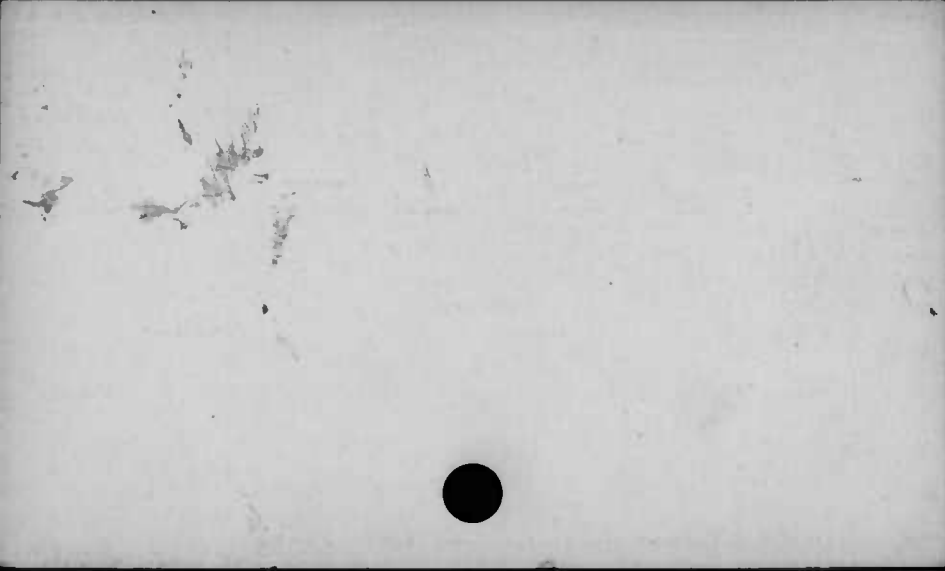
Death Immediate

Accident, Suicide, Homicide

Reported by J. H. H. H. H.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

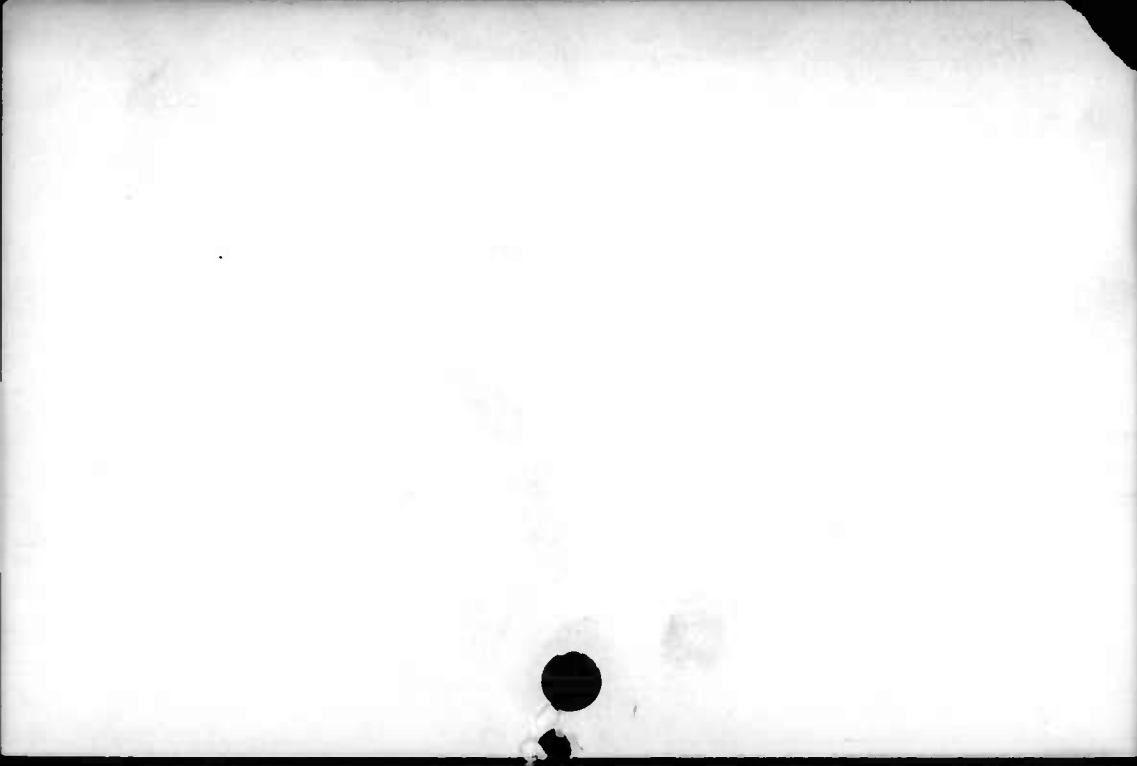
CERTIFICATE OF DEATH

Name <i>James M Cair</i>				County <i>Stanford</i>		State <i>MARYLAND</i>	
Died at <i>Home Hill</i>		Town <i>Home Hill</i>		County <i>Stanford</i>		State <i>MARYLAND</i>	
Date of death	1903	Month	Sept.	Day	22	Age	75
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months	6
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Kean</i>					
Father's Name <i>Matthew Cair</i>		Father's Birthplace <i>md</i>		Mother's Maiden Name <i>Sarah Wagle</i>			
Mother's Birthplace <i>London</i>		How related to deceased <i>Son</i>		Name of person giving Information <i>John B Cair</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Softening, Chronic</i>	How long	<i>7 or 8 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>William J. Archer</i>	
		Address <i>Bethesda Md.</i>	
Accident or Suicide <i>No</i>			



Name
in
Full

Samuel Roland Colman

CERTIFICATE OF DEATH

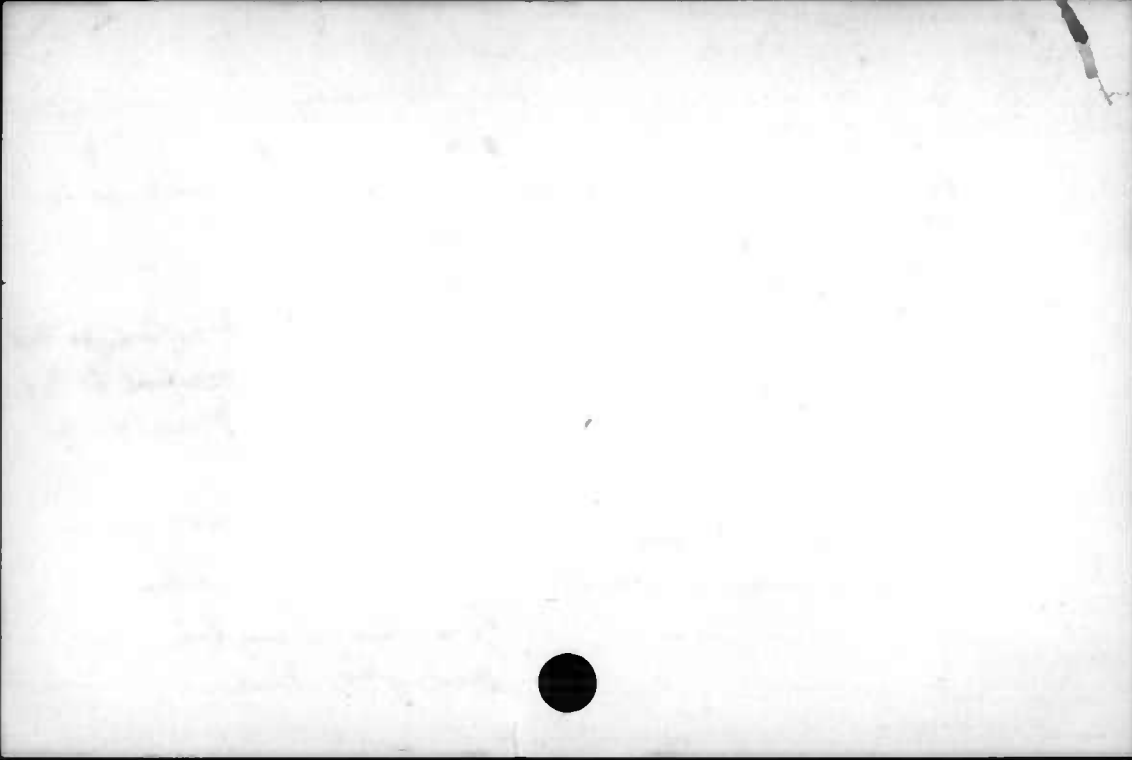
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dublin</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small>	<u>Sept.</u> <small>Day</small>	<u>12</u> <small>Age</small>	<u>8</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>14</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dublin,</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>David Colman</u>		Father's Birthplace <u>Dublin</u>			
Mother's Maiden Name <u>May Riley</u>		Mother's Birthplace <u>Dublin</u>			
Name of person giving information <u>—</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>stomachitis</u>	How long <u>one week</u>
Immediate <u>surgeon's throat</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. A. Arthur</u>
	Address <u>Shut in</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Ann Collins

Town

County

Died at Near Level

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Left

13th

Age

04

1

4

Sex

Female

Color or
Race

Colored

Birth-
place

Harford Co Md

Married, Single
or Widowed

Married

Occupation

Housewife

Name of Wife or
Husband

James Henry Collins

Father's
Name

William Kenly

Father's
Birthplace

Harford Co Md

Mother's
Maiden Name

Phebe Aikens

Mother's
Birthplace

Harford Co Md

Name of person giving
Information

James Henry Collins

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Arsenic Poison

How long

Several years

Immediate

Enlargement - Heart

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

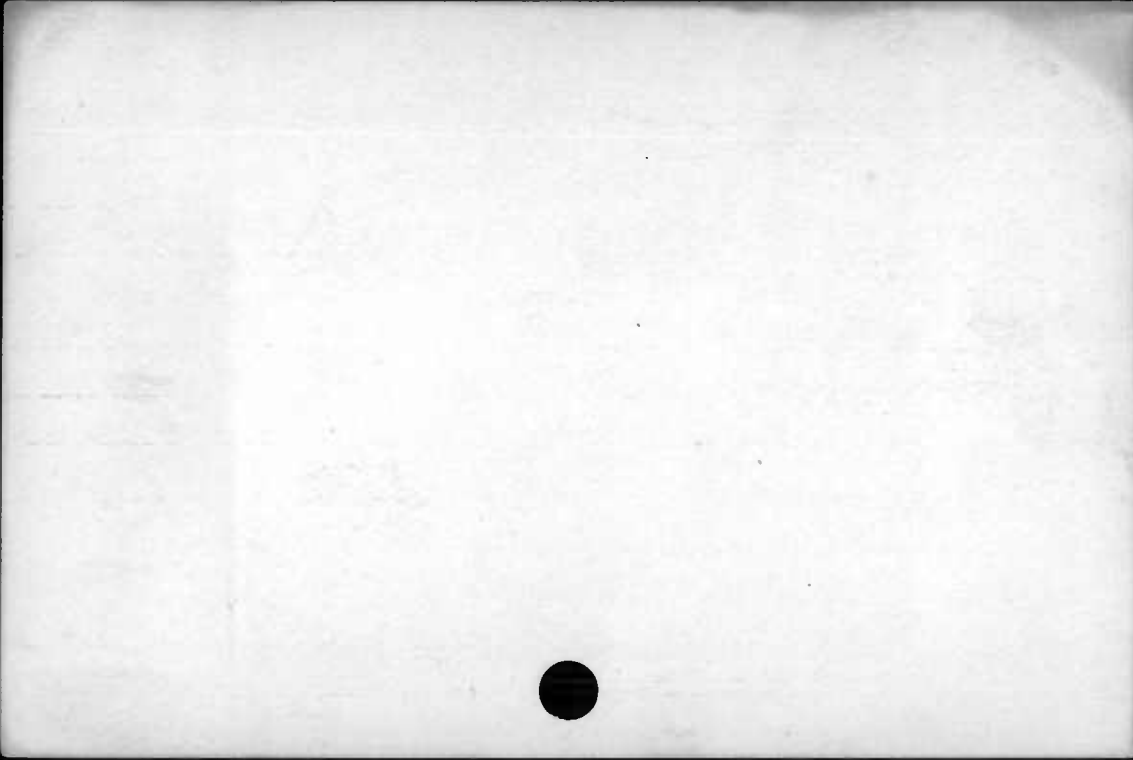
Jno. Paffington

Address

Dorchester Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

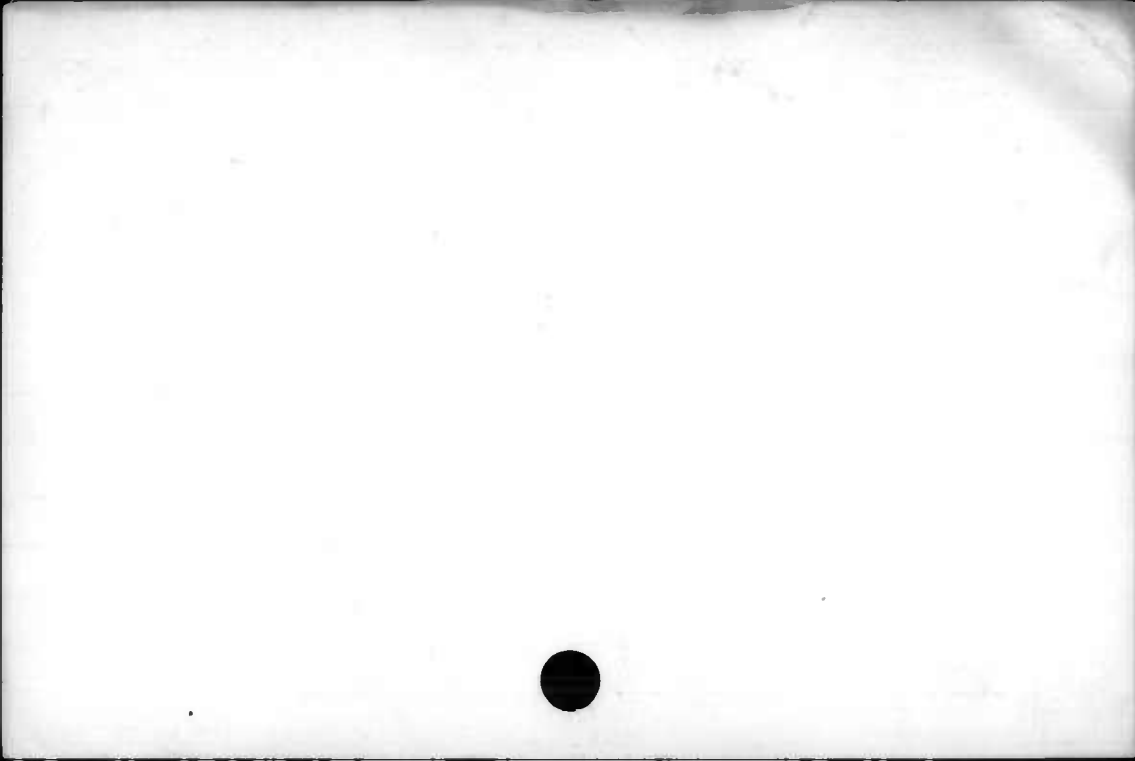
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tolain</u> <u>Harford</u> County		MARYLAND	
Date of death 190 <u>3</u> <u>Sept.</u> <u>2</u> -	Month	Day	Age <u>55</u> -
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place	Months <u> </u> Days <u> </u>
Married, Single or Widowed <u>Widow</u>	Occupation <u>Housewife</u>		
Name of Wife or Husband <u>Geo. Fisher, deceased</u>			
Father's Name <u>John Harris</u>	Father's Birthplace <u>Harford Co.</u>		
Mother's Maiden Name <u>Milky Harris</u>	Mother's Birthplace <u>Harford Co.</u>		
Name of person giving information <u>Aunie Christie</u>	How related to deceased <u>daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis pulmonalis</u>	How long <u>2 years</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>A. F. Van Bibber</u>
	Address <u>Tolain Md.</u>
Accident or Suicide? <u>No.</u>	



Name
in
Full

John F. Harlan

CERTIFICATE OF DEATH

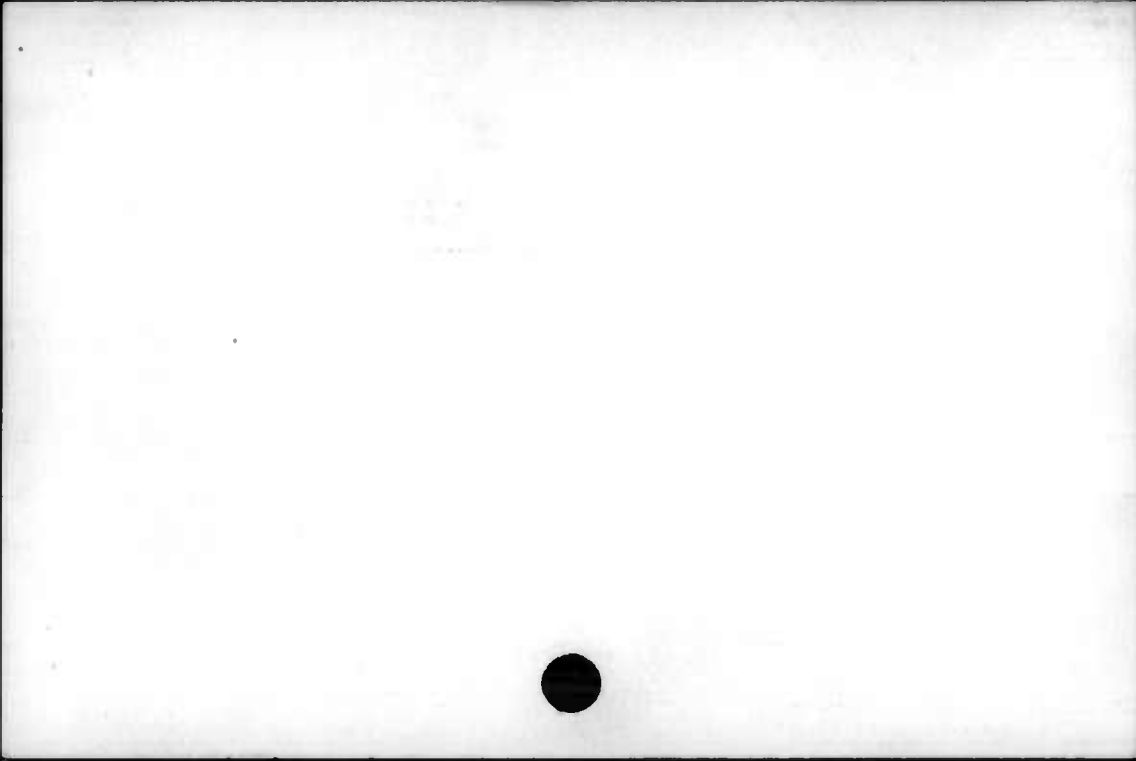
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u> <small>Year</small>		<u>Aug</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age <u>14</u> <small>Years</small>	<u>14</u> <small>Months</small>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Bel Air, Md</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>Bel Air, Md</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm Harlan</u>		Father's Birthplace <u>Harford, Md</u>			
Mother's Maiden Name <u>Elizabeth Webster</u>		Mother's Birthplace <u>Bel Air, Md</u>			
Name of person giving Information <u>93</u>		How related to deceased <u>93</u>			

CAUSES OF DEATH

• PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>2 weeks</u>
Immediate	<u>—</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>E. H. Hall Robinson</u>
		Address	<u>Bel Air, Md</u>
Accident or Suicide? <u>—</u>			



Name
in
Full

Frederick Huer

CERTIFICATE OF DEATH

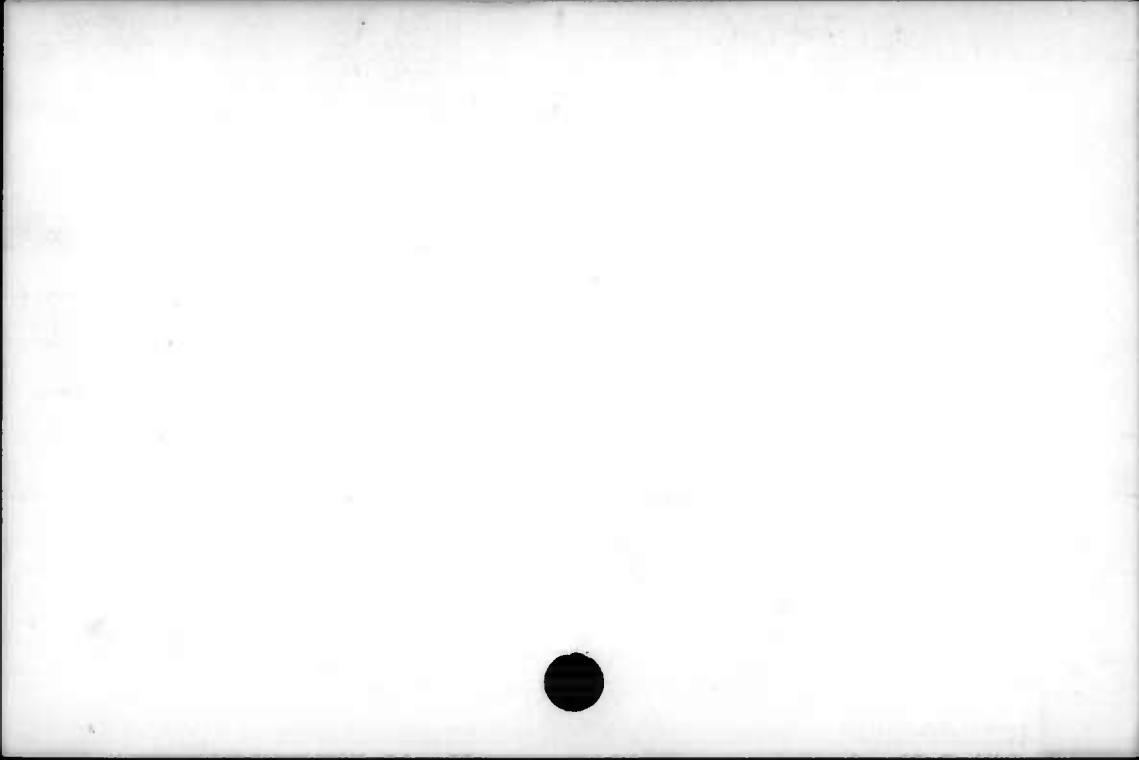
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u> ^{Town}		<u>Hanford</u> ^{County}		MARYLAND	
Date of death	<u>1903</u>	<u>Sept.</u> ^{Month}	<u>15</u> ^{Day}	<u>70</u> ^{Years}	<u>4</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Germany</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>Bel Air</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Frederick Huer</u>		
Father's Name	<u>Don't know</u>			Father's Birthplace	<u>—</u>
Mother's Maiden Name	<u>Don't know</u>			Mother's Birthplace	<u>—</u>
Name of person giving Information	<u>W. Huer</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Carcinoma of Liver</u>	How long	<u>one year</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>William S. Archer</u>
		Address	<u>Bel Air Md</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Gladys Hulshart

Town

County

Died at

Norrisville

Harford

MARYLAND

Date 1903.

Month Day

Sept.

Age

Y. M. D.

3, 23

Native of

Md.

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Geo. W. Hulshart Jr.

Mother's

Maiden Name

Molly J. Hareman

Cause of

Primary

Spina Bifida.

15

How long sick

since birth.

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

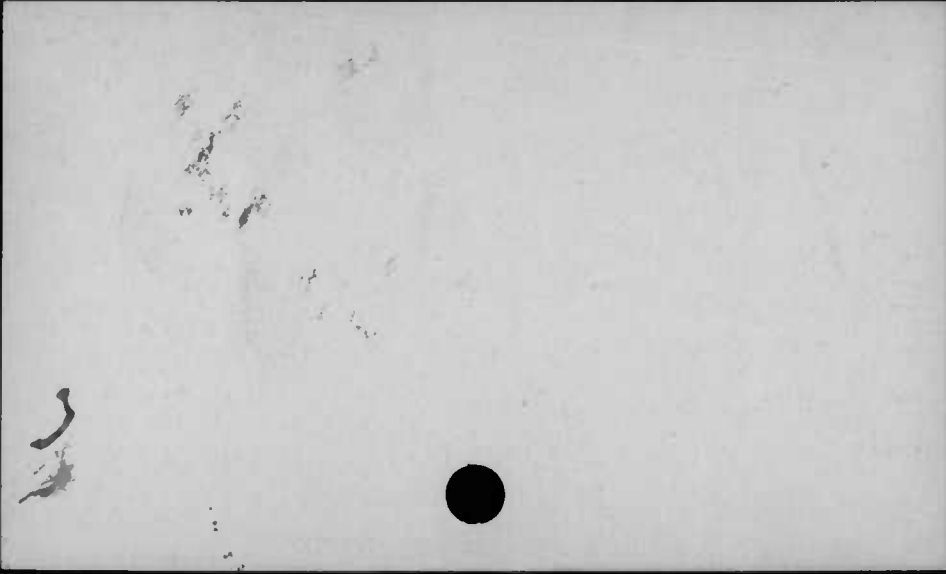
James S. Alkhorst M.D.

Address

Norrisville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name

in
Full

CERTIFICATE OF DEATH

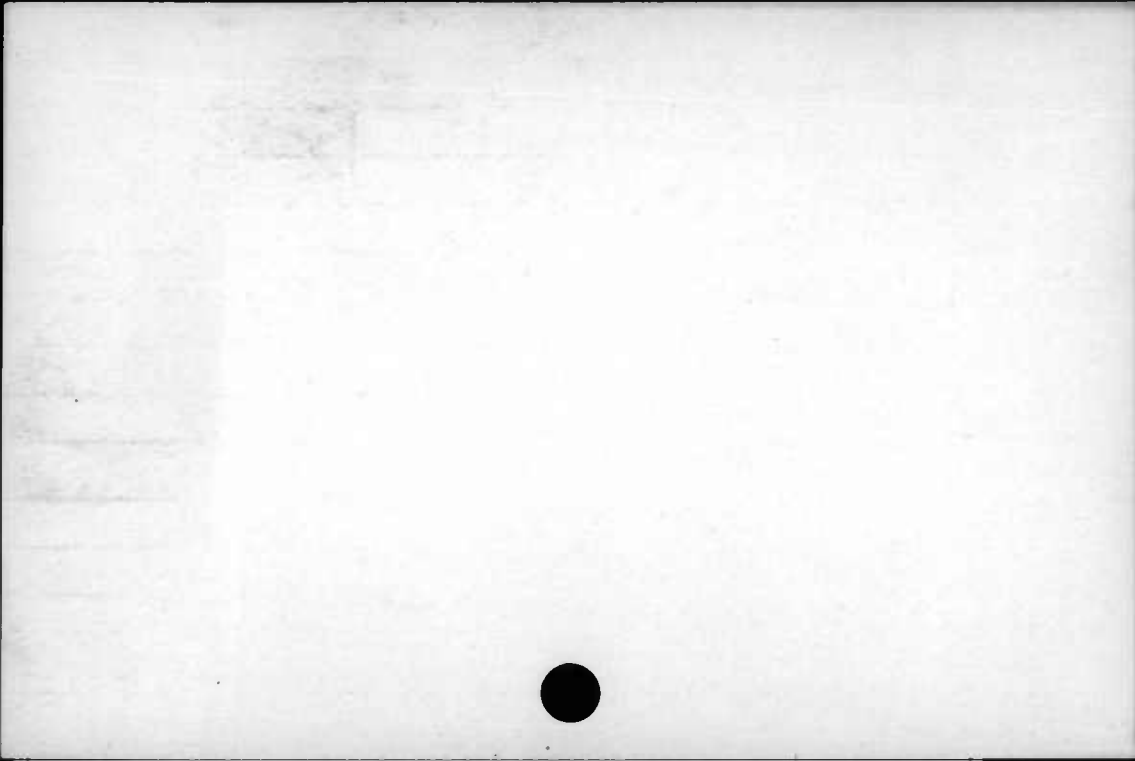
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestnut Hill</i>		Town		<i>Hayford</i>		County		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>23</i>	Age <i>81</i>	Years	Months	Days			
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>						
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Occupation <i>house wife</i>							
Name of Wife or Husband <i>Jacob Johnson</i>									
Father's Name <i>Mrs. Barrow</i>				Father's Birthplace <i>England</i>					
Mother's Maiden Name <i>Elizabeth Farnwood</i>				Mother's Birthplace <i>Hayford Co.</i>					
Name of person giving information <i>Willis Barrow</i>				How related to deceased <i>nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>Two years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Lee Hughes, M.D.</i>	
		Address <i>Gibson, Hayford Co.</i>	
Accident or Suicide?			



Name
in
Full

Daniel Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Forest Hill		County Harford		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
1903	9	2	80				
Sex		Color or Race		Birth-place			
Male		White		Ind.			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Sarah Ann Howard					
Father's Name		Father's Birthplace					
Daniel Jones		Ind					
Mother's Maiden Name		Mother's Birthplace					
Abigail Scarborough		Ind					
Name of person giving information		How related to deceased					
Wm Jones		Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Colitis & Bronchitis	3 months
Immediate	How long
Exhaustion	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Dr. T. P. Mutherson
	Address
	Forest Hill Ind
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

9

28

Age

8

Ind

~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

How long sick

24 hrs

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

J. H. Otter

Address

Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



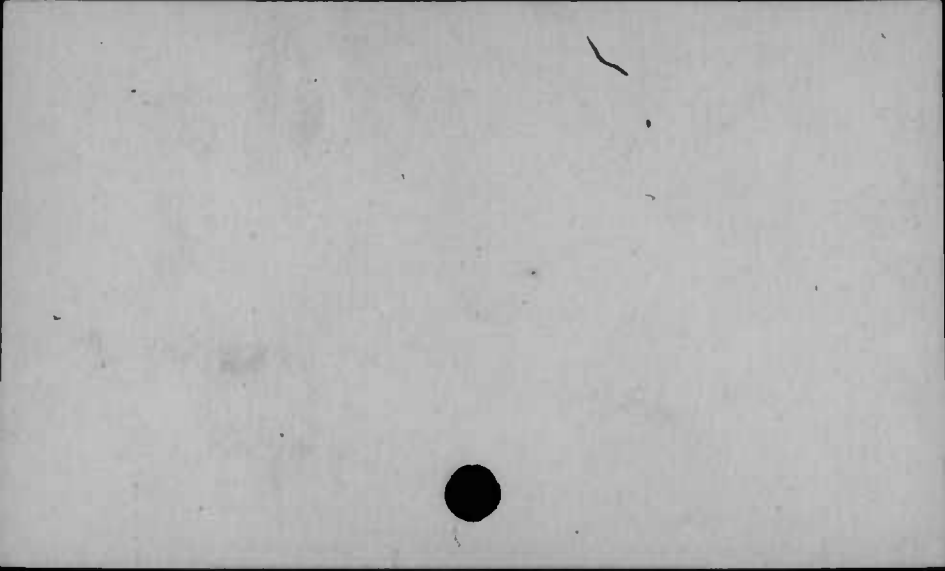
Name in Full

Certificate of Death

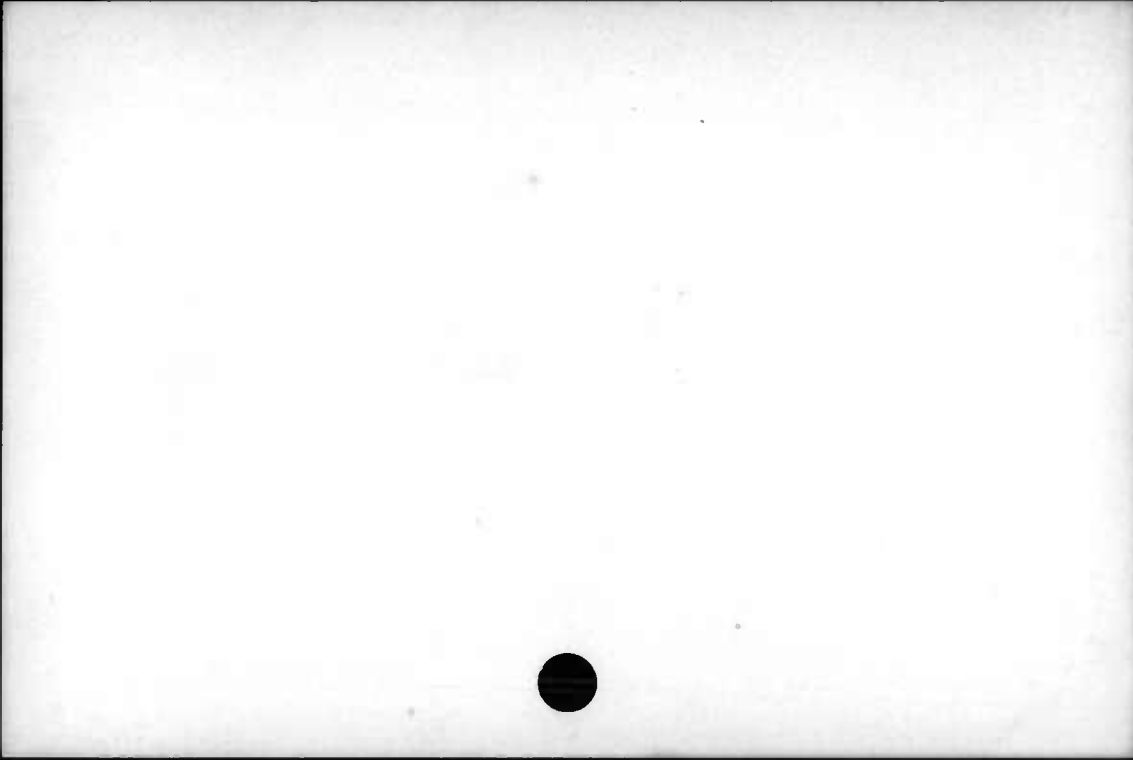
Name in Full *Jennie Link*
 Town *Coopers town* County *Harford* MARYLAND
 Died at *Coopers town*
 Date *1903* Month *Sept* Day *24* Y. *1* M. *9* D. *5* Native of *Maryland* Occupation _____
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living _____
 Husband of _____
 Wife _____
 Father's Name *James Link* Mother's Name *Elizabeth Bonheur*
 Cause of Death { Primary *Stomach trouble* How long sick *1 week*
 Immediate *Dysentery* Accident, Suicide, Homicide _____
 Reported by *Ed Kutz Undertaker*
 Address *Garrettsville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, KESSE



Name in Full		N. B. P. Morgan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Dublin</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
		Date of death 1903	<u>Sept</u> ^{Month}	<u>6</u> ^{Day}	Age <u> </u> ^{Years}	<u>4</u> ^{Months}	<u> </u> ^{Days}
		Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>Ind</u>		
		Married, Single or Widowed <u> </u>		Occupation <u> </u>			
		Name of Wife or Husband <u> </u>					
		Father's Name <u> </u>				Father's Birthplace <u> </u>	
		Mother's Maiden Name <u>Hannah Morgan</u>				Mother's Birthplace <u>Ind</u>	
		Name of person giving Information <u> </u>				How related to deceased <u> </u>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Dysentery</u>			How long <u>5 days</u>		
		Immediate <u> </u>			How long <u> </u>		
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Dr. H. H. Arthur</u>		
					Address <u> </u>		
		Accident or Suicide? <u> </u>					



Name in Full		David L. Powell.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Ludwig		County Harford.		MARYLAND	
	Date of death 190		Month 3		Day 9		Age 72	
	Sex Male		Color or Race white		Birth-place Wilmington Del.		Months Days	
	Married, Single or Widowed Single		Occupation Farmer					
	Name of Wife or Husband Victoria Dupont Powell							Father's Birthplace
	Mother's Maiden Name Lucinda Stickle							Mother's Birthplace
	Name of person giving information Mrs. M. E. Poe							How related to deceased
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Paralysis				How long 1 week	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician R. Warren Ramsay.		Address Delta	
	Accident or Suicide?				York Co. Penna.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

3

Month

Sept

Day

13

Age

Years

47

County

Harford

MARYLAND

Months

Days

Sex

Female

Color or
Race

Col

Birth-
place

Md

Married, Single
or Widowed

Widow

Occupation

Housework

Name of Wife or
Husband

Edw Prigg

Father's
Name

Williams

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

David Bond

How related
to deceased

Son in Law

CAUSES OF DEATH

Primary

Valvular Heart disease (Mitral Regurg)

How long

Immediate

Dyspnoea & Dropsy

How long

4 m

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J L Hopkins

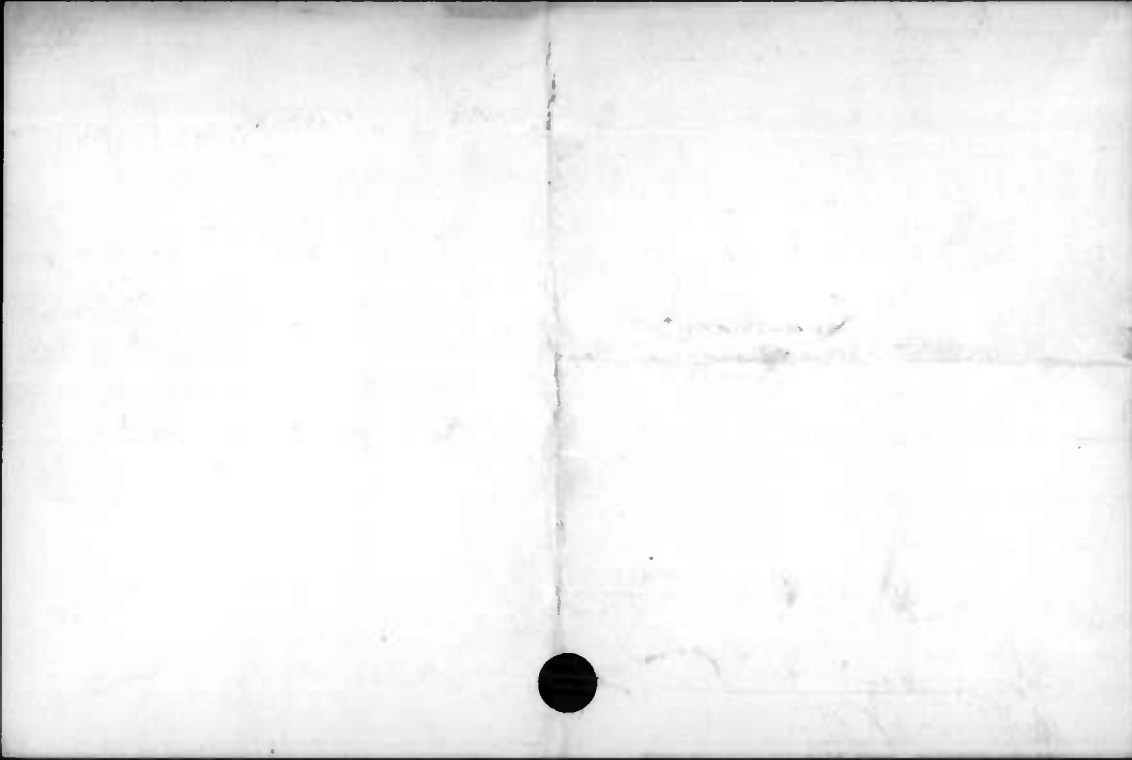
Harv de Brou

Md

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Columbus Scarborough

Town

County

Died at Scarborough Po. Harford Co.

MARYLAND

Date 1903 Sept 26

Month

Day

Y.

M.

D.

Native of

Occupation

Age 61 1/2 Ind.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

12 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79844



Name
in
Full

Edmund Scarborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Cooptown</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death 190	^{Month} <i>Sept.</i>	^{Day} <i>13</i>	^{Year} <i>74</i>	^{Months} <i>8</i>	^{Days} <i>6</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>farmer</i>			
Name of Wife or Husband <i>Sarah Elizabeth Scarborough</i>					
Father's Name <i>Thos. Scarborough</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Elizabeth Davis</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Elizabeth Davis</i>		How related to deceased <i>widow</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hypertrophied Prostate</i>	How long <i>3 years</i>
Immediate <i>chron. Gastritis</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. H. Emory, Jr.</i>
	Address <i>Heas, Ind.</i>
Accident or Suicide? <i>no</i>	



Mary E. Standigord

Town

County

MARYLAND

Died at

Taylor

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Sept 16

Age

6 2 1/2

Harford

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Frank E. Standigord

Mother's

Maiden Name

Elizabeth King

Cause of

Primary

Chorea Infantum

How long sick

105

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Martin L. Jarrett M.D.

Address

Jarrettsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Anna M. Tolley

CERTIFICATE OF DEATH

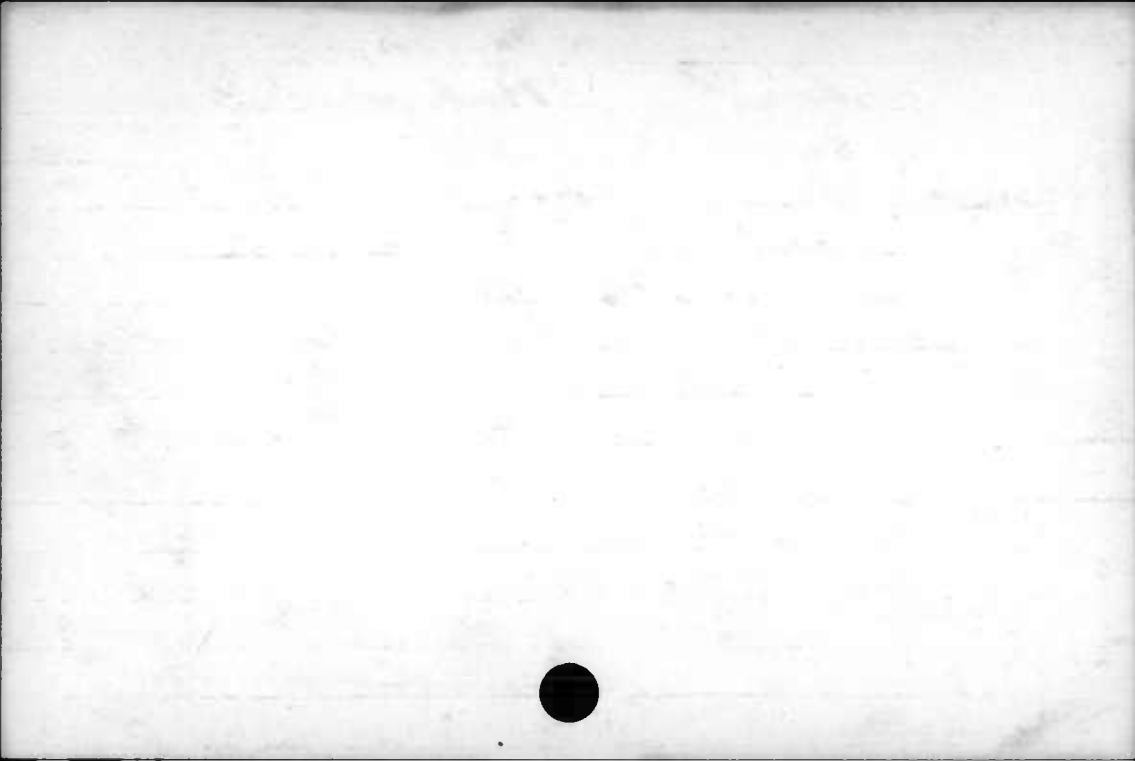
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Taylor</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death 190	<u>3</u> <small>Month</small>	<u>Sept.</u> <small>Day</small>	<u>13</u>	Age <u>5-7</u> <small>Years</small>	<u>9</u> <small>Months</small>
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>Harford Co.</u>	
Married, Single or Widowed <u>married</u>		Occupation <u>housewife</u>			
Name of Wife or Husband <u>E. Carvel Tolley</u>					
Father's Name <u>John R. Moore</u>				Father's Birthplace <u>Ind.</u>	
Mother's Maiden Name <u>Elizabeth Baldwin</u>				Mother's Birthplace <u>Ind.</u>	
Name of person giving information <u>E. Carvel Tolley</u>				How related to deceased <u>husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bronchitis</u>	How long	<u>10 yrs.</u>
Immediate	<u>Enteritis</u>	How long	<u>2 yrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Thos. H. Emory Jr. D.</u>	
		Address <u>Head</u>	
Accident or Suicide? <u>no</u>			



Name
in
Full

Basil G. Trach

CERTIFICATE OF DEATH

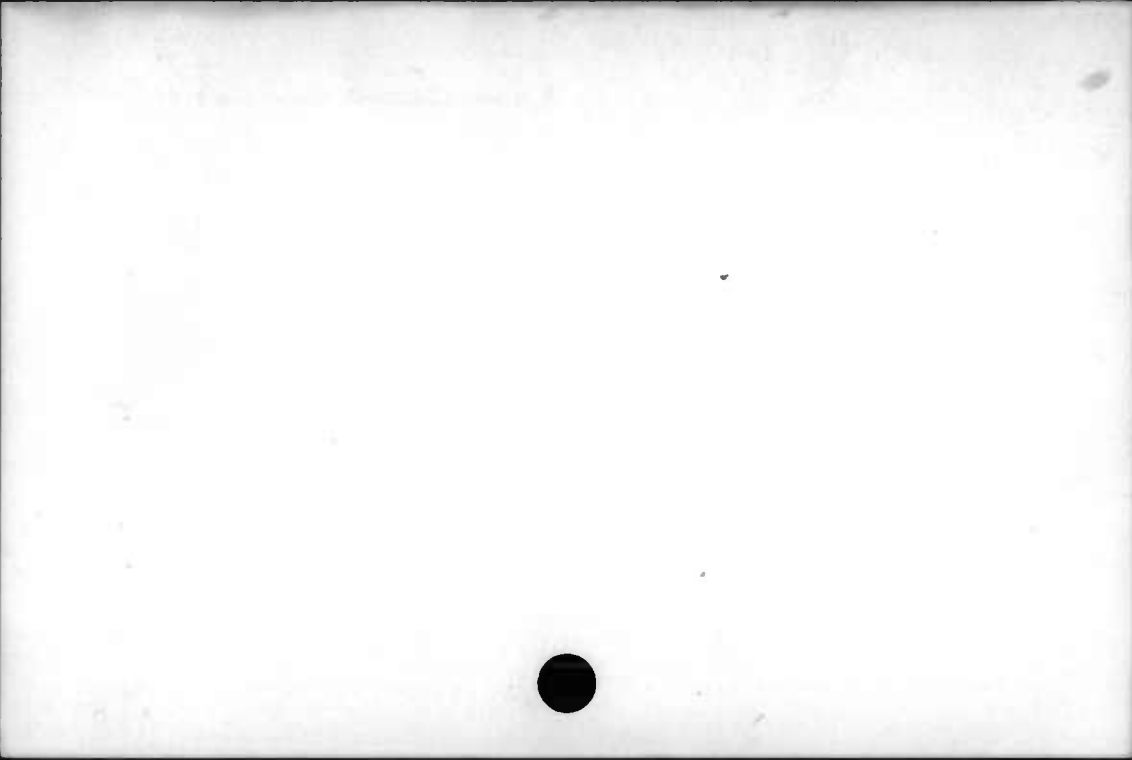
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millersville</u> Town <u>Harford</u> County		MARYLAND	
Date of death 190 <u>3</u> Month <u>Sept</u> Day <u>19</u> Age <u>53</u> Years Months <u>3</u> Days <u>15</u>	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>
Married, <u>Single</u> or Widowed	Occupation <u>Hammer</u>		
Name of Wife or Husband <u>Sarah E. Trach</u>	Father's Birthplace		
Father's Name <u>Basil G. Trach</u>	Mother's Birthplace		
Mother's Maiden Name <u>J</u>	How related to deceased		
Name of person giving information			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long <u>Two Years</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. W. F. Arthur</u>
	Address <u>St. M</u>
Accident or Suicide?	



Name
in
Full

Harry Turner

CERTIFICATE OF DEATH

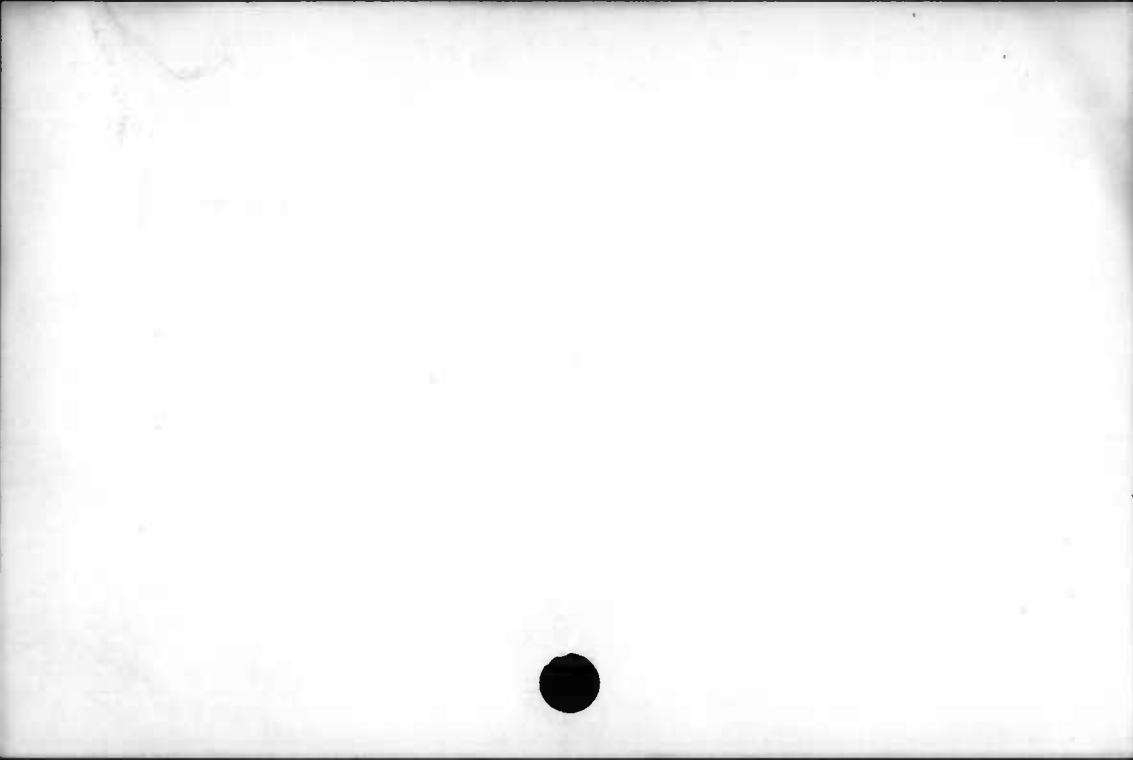
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Belt Air</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>12</i>	Age <i>93</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Jennie Turner</i>				
Father's Name	<i>120</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>Several years</i>
Immediate <i>Exhaustion -</i>	How long <i>2 or 3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>A. F. Van Bibber M.D.</i>
	Address <i>Belt Air</i>
Accident or Suicide? <i>No.</i>	<i>Ind.</i>



Name
in
Full

William Turner

CERTIFICATE OF DEATH

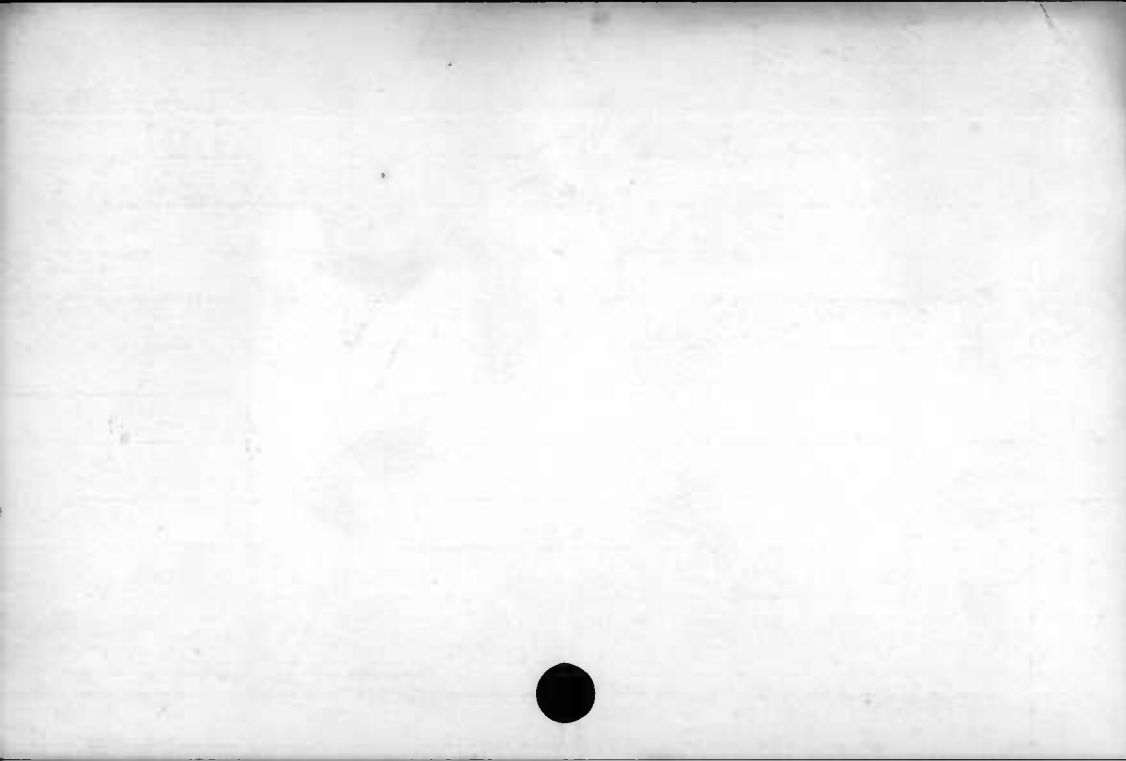
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belle</u> Town		<u>Harford</u> County		MARYLAND	
Date of death 190 <u>3</u> Sep	Month	Day <u>14</u>	Age <u>67</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>Harford Co</u>		
Married, Single or Widowed <u>Widowed</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>Samuel T. Turner</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Hannah Turner</u>			Mother's Birthplace <u>Id</u>		
Name of person giving information <u>Samuel Turner</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mitral regurg.</u>	How long <u>2 years.</u>
Immediate <u>Heart failure</u>	How long <u>a few weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. Hall Robinson</u>
	Address <u>Belle Air, Md.</u>
Accident or Suicide? <u>—</u>	



Name in Full

Certificate of Death

Ellen Mariah Whiteford

Town

County

Died at *Fischel's Mill* *Harford* State *MARYLAND*Date *1903* Month *9* Day *22* Y. *86* M. D. Native of *Harford Co* Occupation *Housewife*~~Male~~

White

~~Marrd~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of*John Whiteford*

Wife

Father's

Mother's

Name

Name

Cause of Death { Primary *Gastric Catarrh* Immediate *collapse* How long sick *5 days* Accident, Suicide, Homicide

Reported by

Dr T. B. Hayward

Address

*Pylesville**Harford Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55958

